

equity transparency community leadership accountability information data outcomes commitment

Office of Equity and Inclusion 2011–2016

STRATEGIC PLAN



Oregon Health Authority
Office of Equity and Inclusion

Office of Equity & Inclusion

About OMHS

Since 1993, the Office of Multicultural Health and Services (OMHS) has conducted a variety of activities focused on addressing health disparities in Oregon. Initially, OMHS was located in the Oregon Public Health Division. In 2009, the Office of Multicultural Health and Services moved to the Director's Office in the Department of Human Services. At that time, the OMHS expanded its mission to encompass an agency-wide scope of health and human services.

Throughout its history, OMHS has provided consultation to programs within the Department of Human Services and the Oregon Health Authority, local health departments, higher education programs, faith- and community-based organizations, universities, ethnic media outlets, Area Health Education Centers (AHECs), health and community advocacy organizations, and others working to improve the health of all Oregonians.

The strategies OMHS has used to promote increasing awareness, skill and knowledge about how cultural and linguistic diversity affects the delivery of health and human services include:

- Policy development,
- Training and consultation, and
- Community and organizational capacity building.

In 2011, with the creation of the Oregon Health Authority, OMHS transitioned to the new agency, and a "sister office" was created in the Department of Human Services. Because the scope of the office expanded to encompass equity in all aspects of the Oregon Health Authority, and with Oregon's focus on Health Systems Transformation to achieve OHA's Triple Aim (improved health outcomes, increased access to health care, and decreased or controlled health care costs), a new strategic plan for OMHS became necessary.

This strategic plan clarifies OMHS' role relative to internal organizational development and partnership with health systems and health promoting entities to assure OHA's continued commitment to pursuing health equity.

Part of our plan includes changing our office name to be more reflective of our new vision and goals. Our new name is the **Office of Equity and Inclusion**.

We are excited about this new chapter in our history and are committed to intensifying our efforts to assure a healthy Oregon for all. We invite you to join us in achieving our goals and strategic imperatives. Indeed, we cannot do it without you.



Office of
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Strategic Imperatives

By 2016, the Office of Equity and Inclusion will connect people, policy and programs to make substantial and measurable progress toward the achievement of our vision and mission. We will prioritize the following strategic imperatives:

Organizational direction and capacity

Assure and sustain an organizational structure that relentlessly pursues health equity and organizational diversity within OHA and in Oregon's health promoting systems.

- Identify OHA-wide priority health equity outcomes.
- Develop and support a health equity framework, lens, training and consultation processes for improvement of policies, programs and practices.
- Develop and assure funding capacity for community-based efforts to support diversity development, cultural competence, and health equity.
- Foster a culture of outcome measurement for identifying health and health care disparities and tracking progress. Support collection and analysis of data, research, and return on investment.
- Build communications capacity to inform key stakeholders and the general public of strategies to promote equity and diversity.
- Assure OEI longevity through statutory authority and funding sustainability.

Community engagement

Foster dynamic, strength-based, and authentic relationships among Oregon's diverse communities, the OHA, and Oregon's health promoting systems.

- Identify and engage critical strategic and statewide constituencies to assist with policy and organizational development priorities.
 - Include community in "co-creation" of policy, data, research, cost/benefit analysis.
- Facilitate investment in the capacity of Oregon's diverse communities to promote regional and community solutions to avoidable health gaps.
- Increase health equity and diversity development leadership among community leaders/influencers.
- Connect OHA to diverse community members to improve policy and to develop staff diversity and cultural competence.

Diversity development and cultural competence

Integrate and use diversity development best practices in recruitment, hiring, retention, performance management, contracting and procurement, and leadership and employee development within OHA and in Oregon's health promoting systems.

- Promote an organizational climate that assures inclusion and equity.
- Achieve and exceed parity for people of color and people with disabilities in all job classes of OHA.
- Consult with OHA leadership to promote equitable, hiring and contracting policies and practices, and culturally competent service delivery.
- Identify and share best practices to advance culturally competent health care and public health systems.
- Utilize the Intercultural Development Inventory (IDI) and ongoing training and development for OHA leadership and staff.
- Disseminate data, research, cost/benefit analysis of the impact of diversity development and cultural competence on organizational performance.

Health equity practice, program, and policy development and implementation

Leverage community wisdom, timely data, and research to develop and effectively communicate the rationale for investing in health equity and eliminating avoidable gaps in health outcomes.

- Develop larger internal and external leadership constituency to advocate for programs and policy that promote health equity.
- Support statewide community coalitions, regional coalitions, and committees/councils to mobilize and advocate for health equity.
- Facilitate collaborative efforts to address social determinants of health.
- Develop relationships with local and national researchers to identify and disseminate promising and best practice models for achieving health equity.
- Identify and communicate the essential connection between people, policy, and programs in order to promote equitable health outcomes.
- Disseminate data, research, cost/benefit analysis on the impact of health equity policies and programs on the Triple Aim.

Acknowledgements

OEI embarked on a planning process with the hope and expectation to move boldly and effectively into the future. The challenges OEI faces related to diversity development and health equity require strategic and global thinking, energetic curiosity, innovative leadership, candid and authentic dialogue, and a great deal of courage and hope.

We gratefully thank and acknowledge the many community stakeholders who generously shared their time, experience, knowledge and thinking in focus groups, individual interviews, and electronic surveys. Through their input and participation, they were instrumental in setting the strategic direction for OEI over the next five years.

We also thank and acknowledge our Community Advisory Council, Strategic Planning Steering Committee, Oregon Health Authority leaders, and OEI staff who were active partners in guiding the process, receiving and hearing the input, envisioning the future we want, and identifying the direction for OEI to move forward to achieve that vision.

We thank all of you who generously shared these gifts and co-created the OEI 2011-2016 Strategic Plan. The following is a list of groups and individuals who played a central role in the planning process:

OEI Community Advisory Council

- **Heidi Allen**, Providence Center for Outcomes, Research and Evaluation
- **Dr. T. Allen Bethel**, Maranatha Church of God
- **Joe Finkbonner**, Northwest Portland Area Indian Health Board
- **Cynthia Gomez**, Latino Network
- **Mary Anne Harmer**, Regence Blue Cross Blue Shield
- **Kayse Jama**, Center for Intercultural Organizing
- **Holden Leung**, Asian Health and Service Center
- **Francisco Lopez**, CAUSA

- **David Rebanal**, Northwest Health Foundation
- **Carmen Rubio**, Latino Network

OEI Strategic Planning Subcommittee

- **Susan Arbor**, OHA Division of Medical Assistance Programs
- **Dr. T. Allen Bethel**, Maranatha Church of God
- **Bobby Green**, OHA Local Government Affairs
- **Mary Anne Harmer**, Regence Blue Cross Blue Shield
- **Len Ray**, OHA Addictions and Mental Health Division
- **David Rebanal**, Northwest Health Foundation
- **Alissa Robbins**, OHA Communications

Community-at-Large

- **Tim Holbert**, OHA/Multnomah County Program Design and Evaluation Services
- **Dianne Riley**, Equity Consultant
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OHA Leadership

- **Bruce Goldberg, M.D.**, Director, Oregon Health Authority
- **Tina Edlund**, Chief of Policy, Oregon Health Authority
- **Richard Harris**, Administrator, Addictions and Mental Health Division
- **Joan Kapowich**, Administrator, PEBB/OEBB
- **Mel Kohn**, Administrator, Public Health Division
- **Judy Mohr-Peterson**, Administrator, Division of Medical Assistance Programs
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- **Jeanene Smith**, Administrator, Office for Health Policy and Research
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